



APPLICATION FOR RENEWAL OF APPOINTMENT OF MANAGING GENERAL AGENTS (MGA) - IC 27-1-33-1 et.seq.

State Form 45979 (R/1-07)
Approved by State Board of Accounts 1994

NOTE: Filing of this application does not give authority to your MGA. The MGA will receive a license issued by the Department of Insurance upon approval.

Instructions:

- This application is to be completed by an insurer's representative for each MGA it utilizes.
- This application must be received by this Department within Thirty (30) days after entering into a contract with the MGA.

the following documents MUST be submitted with this application.

1. Fidelity Bond in the amount of \$_____.
2. Copy of MGA's Errors and Omissions policy in the amount of \$_____.
3. Duplicate copy of the executed contract between the MGA and the insurer.
4. Proof of licensure as an agent.
5. Biographical affidavits on officers and directors of MGA.
6. Independent financial examination.
7. Application fee of: Renewal \$ 100.00

Full name of insurer

Statutory home address of insurer (street, city, state, ZIP code)

Mailing address of insurer (street, city, state, ZIP code)

Contact person of insurer

Title

Telephone number
()

An MGA needs to be reported only if they bind ceding insurance contracts on behalf of an insurer, or they manage all or part of the insurance business of an insurer and underwrite an amount of gross direct written premium equal to or more than 5% of the policyholders' surplus. If an insurer has more than one MGA that meets these guidelines, a separate application must be completed for each.

Name of MGA

Federal Identification Number:

Agent license number

Telephone number
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MGA address (street, city, state, ZIP code)

Contact person of MGA

Telephone number
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Type MGA (check one)

() Individual () Partnership () Corporation

() Other _____

Lines of insurance authorized to transact (check all that apply)

() Life () Health and Accident () Property

() Casualty () Other _____

Duties to be performed in behalf of insurer

This information that I have supplied is true and correct to the best of my knowledge. I have read the Indiana Insurance Code and regulations relative to MGAs and agree to abide with its provisions.

Signature

Title

Date Signed (month, day, year)

State of _____

SS

County of _____ }

Personally appeared before me the above named _____ personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20____.

Signature of Notary Public

Name of Notary Public (typed or printed)

Date subscribed and sworn to

County of residence

My Commission expires: